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PTC/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.5)  Declaration Submitted with initial Filing OR  Filing Date  November 26, 2003  Group Art Unit  3738  Examiner Name  Not Assigned  As a below named Inventor, I hereby declare that:  My residence, mailing address, and citizenship are as stated below maxt to my name.  I believe I am the original, first and sole inventor (fonly one name is listed below) or an original, first and joint inventor (if plur al names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  PROSTHETIC REPAIR DEVICE  (Title of the Invention)  The report state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part applications, islead below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application or miner or inventor's certified and the national application or							T TOTAL OF THOMESON.	
POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 OFR 1.63)  Declaration Submitted with OR Declaration Submitted after initial Filing (Surcharge (37 CFR 1.16(e)) required)  To Declaration Submitted with OR Declaration Submitted after initial Filing (Surcharge (37 CFR 1.16(e)) required)  Filing Date November 26, 2003  Filing Da	DECLARATION			Attorney Do	cket Number	ETH-5113		
PATENT APPLICATION (37 CFR 1.63)  Declaration Submitted with □ Declaration Submitted after initial Filing ○ R □ Declaration Submitted Application Number ○ R □ Declaration of the Subject R □ Declaration of the Subject R □ Declaration of the Subject matter which is claimed and for which a patent is sought on the invention entitled:  PROSTHETIC REPAIR DEVICE (Title of the Invention)  The specification of which □ is attached hereto  OR  was filed on (MM/DD/YYYY) □ 11.25.2003 as United States Application Number or PCT International Application Number □ (10723,720) and was amended on (MM/DD/YYYY) □ 11.25.2003 as United States Application Number or PCT International Application Number □ (10723,720) and was amended on (MM/DD/YYYY) □ 11.25.2003 as United States Application, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.55, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part applications, smaterial information which became available between the filing date of the prior application or PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by c	POWER				Inventor	Nicholas Popadiu	k	
Declaration Submitted with   Declaration Submitted after Initial Filing   OR   State   State   OR   OR   OR   OR   OR   OR   OR   O								
Initial Filing OR initial Filing (Surcharge (37 CFR 1.16(e)) required)    Group Art Unit				Application I				
As a below named inventor, I hereby declare that:  My residence, mailing address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  PROSTHETIC REPAIR DEVICE (Title of the Invention)  The specification of which is attached hereto  OR  was filed on (MM/DD/YYYY) 11.25.2003 as United States Application Number or PCT International Application Number 110723,720 and was amended on (MM/DD/YYYY)  I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.  Thereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one comply other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which Prior Foreign  Application  Country  Foreign Filling Date  (MM/DD/YYYY)  Rot Claimed  Priority  Certified Copy  Attached?  YES  NO		OR Initial Filing (Su	ırcharge	Filing Date	-	November 26, 20	03	
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DECLARATION - Utility or Design Patent Application					
I hereby claim the benefit under 35 U.S.C	. 119(e) of any United States provisional a	pplication(s) listed below.			
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:					
Application Serial No.	Filing Date	Status			
	•	Patented Patented Patented			
I hereby appoint:					
Practitioners at Customer Number  AND	Place Customer Number Bar Code Label Here				
Practitioner(s) named below:  Name  Registration Number					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					
Address all telephone calls to Blossom E. Loo at telephone number (732) 524-1596.					
Customer Number  Direct all correspondence to:					
Name:					
Address:					
Address:					
City:	State:	ZIP			
Country	Telephone:	Fax:			

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Given Name **Family Name** (first and middle [if any]) Nicholas or Surname Popadiuk inventor's Signature Citizenship U.S.A. Residence: City Hillsborough State NJ Country U.S.A Mailing Address 13 Randolph Way Hillsborough State NJ ZIP 08844 Country U.S.A. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Given Name **Family Name** (first and middle [if any]) Dominick or Surname Egidio inventor's Signature Date Residence: City Flanders State NJ Country U.S.A. Citizenship U.S.A. Mailing Address 60 Oakwood Village #4 State NJ ZIP 07836 Country U.S.A. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF THIRD INVENTOR: A petition has been filed for this unsigned inventor Given Name **Family Name** (first and middle [if any]) Kenneth or Surname Keilman Inventor's Signature Date Residence: City Raritan State NJ Country U.S.A Citizenship U.S.A. Mailing Address 1021 Colby Avenue City State NJ Raritan ZIP 08869 Country U.S.A.